

**DISCLOSURE REPORT
CANDIDATE COMMITTEE**

PLEASE TYPE OR PRINT CLEARLY WITH INK (INSTRUCTIONS FOR COMPLETING THE DISCLOSURE REPORT CAN BE FOUND IN THE "GUIDEBOOK FOR CANDIDATE COMMITTEES.")

SECTION I-CANDIDATE AND CANDIDATE COMMITTEE: (a) Candidate Name: _____ <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Rosalyn H. Baker</div> (b) Committee Name: <u>Friends of Rosalyn Baker</u> (c) Mailing Address: <u>P.O. Box 10394</u> <div style="border: 1px solid black; padding: 2px; margin-top: 5px; text-align: center;">Lahaina HI 96761</div> (d) Phone (Bus) _____ (Res) <u>808.874.5408</u> <div style="border: 1px solid black; padding: 2px; margin-top: 5px; text-align: center;">Treasurer's</div>	SECTION II-TYPE OF REPORT: (See the Schedule of Reporting Dates to complete this section) <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <input type="checkbox"/> 1st Preliminary Primary <input type="checkbox"/> 2nd Preliminary Primary <input type="checkbox"/> Final Primary <input type="checkbox"/> Preliminary General <input type="checkbox"/> Final Election Period </div> <div> <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Short Form 1 <div style="margin-top: 10px; text-align: center;"> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED </div> </div> </div> <div> <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth </div> </div> <div style="margin-top: 10px; text-align: center;"> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> REPORTING PERIOD <u>07/01/2005</u> through <u>12/31/2005</u> </div> </div> <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> Supplemental </div>
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	COLUMN A	COLUMN B
	TOTAL THIS PERIOD	ELECTION PERIOD TOTAL TO DATE
1. Cash on Hand at the Beginning of the Election Period..... ²		6808.59
2. Cash on Hand at the Beginning of this Reporting Period.....	17785.44	
3. Total Receipts (From Line 15).....	11152.83	30264.98
4. Subtotal (Add lines 2 and 3 for Column A and Lines 1 and 3 for Column B).....	28938.27	37073.57
5. Total Disbursements (not including Unpaid Expenditures) (From Line 19).....	3334.35	11469.65
6. Cash on Hand at the Closing of this Reporting Period (Subtract Line 5 from Line 4).....	25603.92	25603.92
7. Total Loans at the Closing of this Reporting Period.....	0.00	
8. Total Unpaid Expenditures at the Closing of this Reporting Period.....	0.00	
9. Debts Owed at the Closing of this Reporting Period (Add lines 7 and 8).....	0.00	
10. Surplus/Deficit (Subtract Line 9 from Line 6).....	25603.92	

Candace H. Parker 1-29-06
Candidate Signature Date

John J. Trammell 1/27/06

Treasurer Signature Date

1 Short Form is checked if the candidate is filing a Preliminary, Final or Supplemental Report and has aggregate contributions and aggregate expenditures for the reporting period totaling \$2,000 or less.
2 Short form reporting requires completion of only Section I, Section II, and Section III of this Disclosure Report.
An Election Period is the two-year period between general election days if a candidate is seeking nomination or election to a two-year office and the four-year period between general election days if a candidate is seeking nomination or election to a four-year office.

SECTION IV - DETAILED SUMMARY OF RECEIPTS AND DISBURSEMENTS
(If Necessary, Complete Schedules A through E Before Completing This Section)

RECEIPTS	COLUMN A TOTAL THIS PERIOD	COLUMN B ELECTION PERIOD TOTAL TO DATE	
11. Contributions From:			11
(a) Individuals/Other Entities/Noncandidate Committees/Political Parties			11(a)
(i) Monetary and Non-Monetary Contributions of \$100 or Less	1500.00	6335.00	11(a)(i)
(ii) Monetary and Non-Monetary Contributions of More Than \$100	9650.00	23750.00	11(a)(ii)
(iii) Subtotal (Add Lines 11(a)(i) and 11(a)(ii))	11150.00	30085.00	11(a)(iii)
(b) Candidate or Candidate's Immediate Family			11(b)
(i) Monetary and Non-Monetary Contributions of \$100 or Less	0.00	0.00	11(b)(i)
(ii) Monetary and Non-Monetary Contributions of More Than \$100	0.00	0.00	11(b)(ii)
(iii) Subtotal (Add Lines 11(b)(i) and 11(b)(ii))	0.00	0.00	11(b)(iii)
12. Total Contributions (Add Lines 11(a)(iii) and 11(b)(iii))	11150.00	30085.00	12
13. Public Funds and Other Receipts	2.83	179.98	13
14. Loans	0.00	0.00	14
15. Total Receipts (Add Lines 12 through 14)	11152.83	30264.98	15
DISBURSEMENTS			
16. Expenditures	3334.35	11469.65	16
17. Loans Repaid or Forgiven	0.00	0.00	17
18. Unpaid Expenditures Paid or Forgiven	0.00	0.00	18
19. Subtotal Disbursements (Add Lines 16 through 18)	3334.35	11469.65	19
20. Unpaid Expenditures	0.00		20
21. Total Disbursements (Add Lines 19 and 20)	3334.35		21

CHECK ONLY ONE BOX
USE SEPARATE SCHEDULE(S) FOR EACH CATEGORY BELOW

☒ INDIVIDUAL/OTHER ENTITY/NONCANDIDATE COMMITTEES/POLITICAL PARTIES

☐ CANDIDATE OR CANDIDATE'S IMMEDIATE FAMILY

STATE OF HAWAII CAMPAIGN SPENDING COMMISSION

SCHEDULE A MONETARY AND NON-MONETARY CONTRIBUTIONS CANDIDATE COMMITTEE

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

CANDIDATE AND CANDIDATE COMMITTEE NAME:

Friends of Rosalyn Baker

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DATE OF DEPOSIT OR RECEIPT OF NON-MONETARY CONTRIBUTION	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF DONOR IF A DEPENDENT MINOR, ENTER NAME OF PARENT	FOR AGGREGATES OF \$1,000 OR MORE NAME OF EMPLOYER OCCUPATION	AMOUNT OF CONTRIBUTION OR FAIR MARKET VALUE OF NON-MONETARY CONTRIBUTION THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
07/15/2005	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Cendant Corporation 510 West Parkland Drive Sandy UT 84070		300.00	300.00
07/15/2005	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Hawaii Committee on Political Education (COPE) 320 Ward Avenue Suite 209 Honolulu HI 96814		200.00	200.00
07/15/2005	<input type="checkbox"/> NON-MONETARY CONTRIBUTION R.C. Botti P.O. Box 385757 Waikoloa HI 96738		250.00	250.00
08/05/2005	<input type="checkbox"/> NON-MONETARY CONTRIBUTION GlaxoSmithKline FPO825 P.O. Box 13681 Philadelphia PA 19101-3681		1000.00	1000.00
11/07/2005	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Hawaiian Emporium Inc. 560 North Nimitz Highway Suite 114A Honolulu HI 96817		250.00	250.00
11/07/2005	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Hawaii Psychiatric Political Action Committee HIPAC 600 Kapiolani Blvd #402 Honolulu HI 96813		500.00	500.00
1. SUBTOTAL OF MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (This Page)			2500.00	
2. TOTAL MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (Last Page Only) (Transfer total to the applicable Line Number of the Disclosure Report - 11(a)(ii) or 11(b)(ii))				

With the exception of loans and unpaid expenditures that are forgiven, non-monetary contributions must also be reported as an "Expenditure" on Schedule B

Form CC-5(A) (Rev. 5/99)

STATE OF HAWAII CAMPAIGN SPENDING COMMISSION

SCHEDULE A MONETARY AND NON-MONETARY CONTRIBUTIONS CANDIDATE COMMITTEE

CHECK ONLY ONE BOX
USE SEPARATE SCHEDULE(S) FOR EACH CATEGORY BELOW

☒ INDIVIDUAL/OTHER ENTITY/NONCANDIDATE
COMMITTEES/POLITICAL PARTIES

☐ CANDIDATE OR CANDIDATE'S IMMEDIATE FAMILY

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CANDIDATE AND CANDIDATE COMMITTEE NAME:

Friends of Rosalyn Baker

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DATE OF DEPOSIT OR RECEIPT OF NON-MONETARY CONTRIBUTION	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF DONOR	FOR AGGREGATES OF \$1,000 OR MORE NAME OF EMPLOYER	AMOUNT OF CONTRIBUTION OR FAIR MARKET VALUE OF NON-MONETARY CONTRIBUTION THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
	IF A DEPENDENT MINOR, ENTER NAME OF PARENT	OCCUPATION		
11/25/2005	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Watanabe Ing Kawashima & Komeiji LLP 999 Bishop Street 23rd Floor Honolulu HI 96813		200.00	200.00
12/27/2005	<input type="checkbox"/> NON-MONETARY CONTRIBUTION ABC Consultants 46-001 Kam Highway #411-D Kaneohe HI 96744		100.00	150.00
12/27/2005	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Marvin W. Acklin 850 West Hind Drive Suite 203 Honolulu HI 96821		150.00	150.00
12/27/2005	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Dow AgroSciences LLC P.O. Box 1286 Midland MI 48641		300.00	300.00
12/27/2005	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Island Insurance PAC P.O. Box 1520 Honolulu HI 96806		1500.00	1500.00
12/27/2005	<input type="checkbox"/> NON-MONETARY CONTRIBUTION L.M. Johnson LLC 1188 Bishop Street Suite 1711 Honolulu HI 96813-1935		100.00	150.00
1. SUBTOTAL OF MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (This Page)			2350.00	
2. TOTAL MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (Last Page Only) (Transfer total to the applicable Line Number of the Disclosure Report - 11(a)(ii) or 11(b)(iii))				

With the exception of loans and unpaid expenditures that are forgiven, non-monetary contributions must also be reported as an "Expenditure" on Schedule B

Form CC-5(A) (Rev. 5/99)

CHECK ONLY ONE BOX
 USE SEPARATE SCHEDULE(S) FOR EACH CATEGORY BELOW
☒ INDIVIDUALS/OTHER ENTITIES/NONCANDIDATE COMMITTEES/POLITICAL PARTIES
☐ CANDIDATE OR CANDIDATE'S IMMEDIATE FAMILY

STATE OF HAWAII CAMPAIGN SPENDING COMMISSION

SCHEDULE A MONETARY AND NON-MONETARY CONTRIBUTIONS CANDIDATE COMMITTEE

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CANDIDATE AND CANDIDATE COMMITTEE NAME:

Friends of Rosalyn Baker

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DATE OF DEPOSIT OR RECEIPT OF NON-MONETARY CONTRIBUTION	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF DONOR	FOR AGGREGATES OF \$1,000 OR MORE NAME OF EMPLOYER	AMOUNT OF CONTRIBUTION OR FAIR MARKET VALUE OF NON-MONETARY CONTRIBUTION THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
	IF A DEPENDENT MINOR, ENTER NAME OF PARENT	OCCUPATION		
12/27/2005	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Kathleen M. McNamara P.O. Box 330489 Kahului HI 96733		100.00	200.00
12/29/2005	<input type="checkbox"/> NON-MONETARY CONTRIBUTION First Insurance Company of Hawaii Ltd. P.O. Box 2866 Honolulu HI 96803		1500.00	1500.00
12/29/2005	<input type="checkbox"/> NON-MONETARY CONTRIBUTION GlaxoSmithKline FPO825 P.O. Box 13681 Philadelphia PA 19101-3681		1000.00	2000.00
12/29/2005	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Kraft Foods Global Inc. 120 Park Avenue New York NY 10017		2000.00	2000.00
12/30/2005	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Goodsill Anderson Quinn & Stifel P.O. Box 3196 Honolulu HI 96801		200.00	400.00

1. SUBTOTAL OF MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (This Page)
2. TOTAL MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (Last Page Only) (Transfer total to the applicable Line Number of the Disclosure Report - 11(a)(ii) or 11(b)(ii))

4800.00

9650.00

With the exception of loans and unpaid expenditures that are forgiven, non-monetary contributions must also be reported as an "Expenditure" on Schedule B

Form CC-5(A) (Rev. 5/99)

STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION
SCHEDULE B
EXPENDITURES
CANDIDATE COMMITTEE

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CANDIDATE AND CANDIDATE COMMITTEE NAME:

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Friends of Rosalyn Baker

DATE OF EXPENDITURE	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF VENDOR OR SOURCE OF NON-MONETARY CONTRIBUTION	PURPOSE OF EXPENDITURE OR DESCRIPTION OF NON-MONETARY CONTRIBUTION	AMOUNT OF EXPENDITURE OR FAIR MARKET VALUE OF NON-MONETARY CONTRIBUTION THIS PERIOD
07/21/2005	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Rosalyn H. Baker P.O. Box 10394 Lahaina HI 96761	5019G Printing - Signs : Banner	59.38
08/26/2005	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Linn Nishikawa & Associates Inc. 569 Kulaiwi Drive Wailuku HI 96761	5000B Advertising - Newspaper : Ad for Maui News Women's Health Month Tabloid	204.14
09/28/2005	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Rosalyn H. Baker P.O. Box 10394 Lahaina HI 96761	5016 Other Direct Campaign Expenses : Events	169.68
09/28/2005	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Rosalyn H. Baker P.O. Box 10394 Lahaina HI 96761	5006 Food & Beverages : Mahalo Meetings	56.80
09/28/2005	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Rosalyn H. Baker P.O. Box 10394 Lahaina HI 96761	5014 Office Expenses : Office Supplies	304.36
09/28/2005	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Rosalyn H. Baker P.O. Box 10394 Lahaina HI 96761	5014C Office Expenses - Office Supplies : Office Supplies	71.07
10/08/2005	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Rosalyn H. Baker P.O. Box 10394 Lahaina HI 96761	5022 Vehicle : July & September Mileage	572.73

1. SUBTOTAL OF EXPENDITURES THIS PERIOD (This Page)	1438.16
2. TOTAL EXPENDITURES THIS PERIOD (Last Page Only) (Transfer total to Line Number 16 of the Disclosure Report)	

STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION
SCHEDULE B
EXPENDITURES
CANDIDATE COMMITTEE

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CANDIDATE AND CANDIDATE COMMITTEE NAME:

Friends of Rosalyn Baker

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DATE OF EXPENDITURE	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF VENDOR OR SOURCE OF NON-MONETARY CONTRIBUTION	PURPOSE OF EXPENDITURE OR DESCRIPTION OF NON-MONETARY CONTRIBUTION	AMOUNT OF EXPENDITURE OR FAIR MARKET VALUE OF NON-MONETARY CONTRIBUTION THIS PERIOD
10/19/2005	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Linn Nishikawa & Associates Inc. 569 Kulaiwi Drive Wailuku HI 96761	5000B Advertising - Newspaper : Maui News County Fair Ad	260.42
10/25/2005	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Rosalyn H. Baker P.O. Box 10394 Lahaina HI 96761	5016 Other Direct Campaign Expenses : Miscellaneous Expenses	443.40
11/22/2005	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Linn Nishikawa & Associates Inc. 569 Kulaiwi Drive Wailuku HI 96761	5000B Advertising - Newspaper : Maui News Senior Fair Ad	260.42
12/31/2005	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Linn Nishikawa & Associates Inc. 569 Kulaiwi Drive Wailuku HI 96761	5019 Printing : New Years Postcard	527.78
12/31/2005	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Linn Nishikawa & Associates Inc. 569 Kulaiwi Drive Wailuku HI 96761	5000 Advertising : LHS Anniversary Program Ad	404.17

1. SUBTOTAL OF EXPENDITURES THIS PERIOD (This Page)	1896.19
2. TOTAL EXPENDITURES THIS PERIOD (Last Page Only) (Transfer total to Line Number 16 of the Disclosure Report)	3334.35

STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION
SCHEDULE C
PUBLIC FUNDS AND OTHER RECEIPTS
CANDIDATE COMMITTEE

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CANDIDATE AND CANDIDATE COMMITTEE NAME:

Friends of Rosalyn Baker

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DATE OF DEPOSIT	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF SOURCE OF PUBLIC FUNDS OR OTHER RECEIPT	DESCRIPTION OF OTHER RECEIPT	AMOUNT OF PUBLIC FUNDS OR OTHER RECEIPT THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
07/08/2005	Bank of Hawaii P.O. Box 877 Lahaina HI 96761	Interest Earned	0.46	2.61
08/05/2005	Bank of Hawaii P.O. Box 877 Lahaina HI 96761	Interest Earned	0.42	3.03
09/08/2005	Bank of Hawaii P.O. Box 877 Lahaina HI 96761	Interest Earned	0.55	3.58
10/07/2005	Bank of Hawaii P.O. Box 877 Lahaina HI 96761	Interest Earned	0.47	4.05
11/07/2005	Bank of Hawaii P.O. Box 877 Lahaina HI 96761	Interest Earned	0.47	4.52
12/07/2005	Bank of Hawaii P.O. Box 877 Lahaina HI 96761	Interest Earned	0.46	4.98

1. SUBTOTAL OF PUBLIC FUNDS AND OTHER RECEIPTS THIS PERIOD (This Page)

2. TOTAL PUBLIC FUNDS AND OTHER RECEIPTS THIS PERIOD (Last Page Only) (Transfer total to Line Number 13 of the Disclosure Report.)

2.83	
2.83	